Nutrition Education and Promotion in the USA

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Nutrition is a key at every developmental stage of life from the embryo to old age and is fundamentally important in the maintenance of health, disease prevention, and well-being. Thus, nutrition education to the American public at every sector of life and within every economic stratum is paramount to achieving a healthier population. Nevertheless, the inclusion of nutrition education in the U.S. public sector is minimal at best. Moreover, a study conducted by the American Journal of Clinical Nutrition demonstrated that 60% of medical schools in the U.S. did not meet the minimum recommendations for nutrition education to medical students [1]. While, nutrition-related illnesses, such as Type II diabetes, heart disease, hypertension and stroke kill millions of Americans annually, primarily due to a lack of consumer knowledge about the role of food and nutrition as related to health, wellness, and disease prevention. In 2012, 29.1 million Americans were reported to have Type II diabetes with 1.4 million cases diagnosed annually in the U.S. [2].

Interestingly, most existing nutrition education programs available in the U.S. to the adult population are predominately disease-management focused with aims to facilitate dietary modifications to consumers affected by nutrition-related illnesses, in contrast to disease-prevention focused nutrition education programs aimed to prevent the onset of nutrition-related illnesses. In a national survey conducted by the Physicians Committee for Responsible Medicine of more than 1,000 American adults revealed surprising basic nutrition knowledge gaps regarding caloric intakes, dietary fat, fiber, cholesterol and calcium intake [3], further demonstrating the need for universal nutritional educational programs within the adult population to overcome these knowledge gaps. Other studies demonstrated that most adult consumers’ regardless of ethnicity, economics and race had dietary practices not consistent with the Dietary Guidelines for Americans, with high dietary intakes of saturated and trans fats, sweetened beverages and sodium [4].

Federally sponsored nutrition education programs, such as Supplemental Nutrition Assistance Program (formerly the Food Stamp Program) administered by the United States Department of Agriculture-Food and Nutrition Service targeted to low-income elementary school children and seniors 60 to 80 years of age, demonstrated that participants increased daily consumption of fruits and vegetables, implying that nutrition education can make a significant contribution to improved dietary practices [5]. In parallel, a study of salad bars in elementary schools, researchers found that in schools providing nutrition education classes students selected more fruits from the salad bar than students in schools where the salad bar was provided without nutrition education [6].

Moreover, studies have shown that effective nutrition education involves a combination of educational strategies at the level of the individual, community and policy to facilitate voluntary adoption of better food choices such as: food marketing in schools and media (television, internet and print), availability and abundance of healthy food choices at school and in fast food restaurants [7]. Additionally, research studies have demonstrated that effective nutrition education and promotion includes i.e. skill building to help facilitate behavior changes, public policy changes to make the healthy choice easier, and marketing initiatives within the community [7].

The USDA-FNS administered initiative, “Team Nutrition” includes an effective nutrition education component which is aimed to support Child Nutrition Programs through training, technical assistance and comprehensive nutrition education for children and caregivers, via nutrition messages to the school community, classroom activities, and school wide events, at home activities, community programs, media events and coverage. While, initiatives such as “Team Nutrition” are highly effective at educating school age children, additional resources and strategies must be equally identified to implement nutrition education programs geared at educating the adult American population as it relates to disease prevention, health and wellness.
References


